





## **Continuance of Assistance**

If you need continuance of assistance after your initial application, submit the Continuance of Assistance Request Form and tell us why you require continued assistance.

Documents you will need to submit with your request are an updated copies of your last 2 pay stubs, rental ledger and latest utility billing(s). Continuance status is for 3 months at a time, and staff will reassess your application at the end of each 3-month period as long as you have not reached the maximum capacity of 15 months allowed by the U.S. Treasury.

Continuance of Assistance form must be submitted to the ERA Program office located on the 2nd floor, Suite 219, ITC building in Tamuning, 8:00am to 4:00pm Monday to Friday.



## **Guam Emergency Rental Assistance Program CONTINUANCE OF ASSISTANCE REQUEST FORM**



| DATE:  | ERA Case Number:  |
|--|---|
|  |   |
| I,(Print First and Last N                      | do hereby submit the following  |
| (Print First and Last i                        | vame)   |
| Request for Continued Assistance for           | : Rent Utilities Internet (check all that apply)  |
| Has your financial situation changed s         | since your initial application? No Yes  |
| I am unable to make payments and n             | eed assistance because  |
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|  |   |
| I confirm that I have read and unders          | tand the statements listed below. (Initials required on each line.)   |
| I understand that this request covers          | <u>3 months only</u> . Should I require more assistance, I will have to submit a                            |
| new Continuance of Assistance Request Forn     | n for each 3-month period.  |
| I understand that I will must submit u         | pdated documentation as required by the ERAP to support this request.                                       |
| I understand that payments will be m           | ade for the current month only and no advance payments will be made.  |
| I further understand that assistance the       | hrough the GERA is capped at 12 months and I will no longer be able to                                      |
| receive assistance for the GERA with this case | e number once I have reached the maximum months.  |
| I understand that that assistance for a        | any costs related to displacement is limited to 90 days.  |
| Certification and Signature                    |   |
|  | United States Code states that a person is <b>GUILTY OF A FELONY</b>  |
|  | KING FALSE OR FRAUDULENT STATEMENTS to any department NG FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS. |
| Tenant Signature                               | Date  |
| TCHAIR SIGNALUIC                               |   |